	Туре	L #	Hits	Search Text	DBs	Time Stamp	Comment
1	BRS	L1	3	lobelia and hypnosis	USPAT	2002/01/1 3 09:16	
2	BRS	L2	0	1 and educational	USPAT	2002/01/1 3 09:05	
3	BRS	L3	0	1 and education	USPAT	2002/01/1 3 09:06	
4	BRS	L4	1	1 and information	USPAT	2002/01/1 3 09:06	
5	BRS	L5	5	lobeline and hypnosis	USPAT	2002/01/1 3 09:16	
6	BRS	L6	0	5 and education	USPAT	2002/01/1 3 09:16	
7	BRS	Ь7	0	5 and educational	USPAT	2002/01/1 3 09:16	
8	BRS	L8	0	5 and literature	USPAT	2002/01/1 3 09:16	
9	BRS	L9	0	5 and learning	USPAT	2002/01/1 3 09:17	

	Туре	L #	Hits	Search Text	DBs	Time Stamp
1	BRS	L1	0	lobelia and hypnosis	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:23
2	BRS	L2	0	lobeline and hypnosis	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:23
3	BRS	L3	49	lobelia	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:23
4	BRS	L4	0	3 and (education or educational)	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:24
5	BRS	L5	0	3 and literature	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:24
6	BRS	L6	0	3 and instruction	US-PGPUB; EPO; JPO; DERWENT; IBM TDB	2002/01/1 3 09:24

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 service. Enter a BEGIN command plus a file number to search a database
(e.g., B1 for ERIC).
B 164, 5, 72, 172, 467, 149, 155, 91, 135, 50, 35, 73, 172, 71, 467, 229
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  File 164:Allied & Complementary Medicine 1984-2001/Feb
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         2001 (c) Action Potential
  File 135:NewsRx Weekly Reports 1995-2002/Jan W2
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  File 50:CAB Abstracts 1972-2002/Dec
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         (c) 2002 ProQuest Info&Learning
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 File 71:ELSEVIER BIOBASE 1994-2002/Jan W1
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  File 229:Drug Info. 2000/Q3
         (c) 2000 Amer.Soc.of Health-Systems Pharm.
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S LOBELIA AND HYPNOSIS
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              2 LOBELIA AND HYPNOSIS
T/3, K/1-2
1/3, K/1
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DIALOG(R) File 72: EMBASE
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EMBASE No: 2001425500
Alternative therapies for the management of pain in labor and delivery
  Gentz B.A.
  Dr. B.A. Gentz, Clinical Anesthesiology, Univ. of Arizona Hlth. Sci.
  Center, College of Medicine, P.O. Box 245114, Tucson, AZ 85724-5114
  United States
  Clinical Obstetrics and Gynecology ( CLIN. OBSTET. GYNECOL. ) (United
          2001, 44/4 (704-732)
                ISSN: 0009-9201
  CODEN: COGYA
  DOCUMENT TYPE: Journal; Review
  LANGUAGE: ENGLISH
  NUMBER OF REFERENCES: 74
MEDICAL DESCRIPTORS:
transcutaneous nerve stimulation; acupuncture; herbal medicine; massage;
acupressure; hydrotherapy; hypnosis; feedback system; music therapy;
alfalfa; pepper; grass; oat; human; female; review
MEDICAL TERMS (UNCONTROLLED): lobelia
             (Item 1 from file: 73)
 1/3, K/2
DIALOG(R)File 73:EMBASE
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11413195
             EMBASE No: 2001425500
Alternative therapies for the management of pain in labor and delivery
  Dr. B.A. Gentz, Clinical Anesthesiology, Univ. of Arizona Hlth. Sci.
  Center, College of Medicine, P.O. Box 245114, Tucson, AZ 85724-5114
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alfalfa; pepper; grass; oat; human; female; review
MEDICAL TERMS (UNCONTROLLED): lobelia
S LOBELINE AND HYPNOSIS
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S 2 AND EDUCATIONAL
Processing
Processed 10 of 14 files ...
Completed processing all files
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S S2 AND EDUCATIONAL
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              2 S2 AND EDUCATIONAL
T/3, K/1-2
 4/3, K/1
             (Item 1 from file: 72)
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6

DIALOG(R)File 72:EMBASE
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06639088 EMBASE No: 1996303908

Practice guideline for the treatment of patients with nicotine dependence
Hughes J.R.; Fiester S.; Goldstein M.; Resnick M.; Rock N.; Ziedonis D.;
McIntyre J.S.; Charles S.C.; Zarin D.A.; Pincus H.A.; Altshuler K.Z.; Ayres
W.H.; Bittker T.; Blinder B.; Clayton P.J.; Cook I.; Dickstein L.; Egger H.
; Flamm G.; et al.

American Journal of Psychiatry ( AM. J. PSYCHIATRY ) (United States) 1996, 153/10 SUPPL. (1-31)

CODEN: AJPSA ISSN: 0002-953X DOCUMENT TYPE: Journal; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

...dependence that may be recommended based on individual circumstances. These include intensive behavior therapy (III), educational /supportive groups (III), exercise (III), hypnosis (III), anorectics (III), antidepressants (III), buspirone (III), higher than-normal dose transdermal nicotine (III), mecamylamine...

...fading, physiological feedback, relaxation, 12- step therapy, ACTH, acupuncture, anticholinergics, benzodiazepines, beta blockers, glucose, homeopathics, lobeline, naltrexone, nutritional aids, reduction devices, silver nitrate, sodium bicarbonate, and stimulants. Psychiatrists should assess the...

DRUG DESCRIPTORS:

...clonidine--adverse drug reaction--ae; clonidine--drug therapy--dt; clonidine--clinical trial--ct; corticotropin; cotinine; lobeline --drug therapy--dt; lobeline --adverse drug reaction--ae; mecamylamine --pharmacology--pd; mecamylamine--drug combination--cb; mecamylamine --clinical trial--ct...

... CAS REGISTRY NO.: 90-69-7 (lobeline); 60-40-2...

## 4/3, K/2 (Item 1 from file: 73)

DIALOG(R) File 73: EMBASE

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06639088 EMBASE No: 1996303908

Practice guideline for the treatment of patients with nicotine dependence
Hughes J.R.; Fiester S.; Goldstein M.; Resnick M.; Rock N.; Ziedonis D.;
McIntyre J.S.; Charles S.C.; Zarin D.A.; Pincus H.A.; Altshuler K.Z.; Ayres
W.H.; Bittker T.; Blinder B.; Clayton P.J.; Cook I.; Dickstein L.; Egger H.
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...fading, physiological feedback, relaxation, 12- step therapy, ACTH, acupuncture, anticholinergics, benzodiazepines, beta blockers, glucose, homeopathics, lobeline, naltrexone, nutritional aids, reduction devices, silver nitrate, sodium bicarbonate, and stimulants. Psychiatrists should assess the...

DRUG DESCRIPTORS:

...clonidine--adverse drug reaction--ae; clonidine--drug therapy--dt; clonidine--clinical trial--ct; corticotropin; cotinine; lobeline --drug

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lobeline --adverse drug reaction--ae; mecamylamine
--pharmacology--pd; mecamylamine--drug combination--cb; mecamylamine
--clinical trial--ct...
...CAS REGISTRY NO.: 90-69-7 (lobeline); 60-40-2...
>>>'HIS' not recognized as set or accession number
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S1
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S2
           26
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S3
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                2 AND EDUCATIONAL
S4
                S2 AND EDUCATIONAL
TYPE S4/FULL/1-2
 4/9/1
           (Item 1 from file: 72)
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# DIALOG(R) File 72: EMBASE

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06639088 EMBASE No: 1996303908

Practice guideline for the treatment of patients with nicotine dependence Hughes J.R.; Fiester S.; Goldstein M.; Resnick M.; Rock N.; Ziedonis D.; McIntyre J.S.; Charles S.C.; Zarin D.A.; Pincus H.A.; Altshuler K.Z.; Ayres W.H.; Bittker T.; Blinder B.; Clayton P.J.; Cook I.; Dickstein L.; Egger H. ; Flamm G.; et al.

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CODEN: AJPSA ISSN: 0002-953X DOCUMENT TYPE: Journal; Review

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initial treatment for those who wish to quit includes written materials, brief counseling, and follow-up visit or call 1-3 days after the quit date (II). If the patient has failed serious attempts without formal treatment, failed with nonpharmacological therapies, had serious withdrawal symptoms, or appears highly nicotine dependent, transdermal nicotine is recommended (I). If the patient prefers or if ad-lib dosing is needed, nicotine gum can be used instead of transdermal nicotine (I). If used alone, nicotine gum is to be taken on an every-hour basis (I). If the patient is a highly nicotine-dependent or heavy smoker, higher-dose nicotine gum should be used (I). Nicotine qum can also be used on an ad-lib basis to supplement transdermal nicotine therapy (II). If the patient has had trouble stopping smoking for nonwithdrawal reasons (e.g., due to skills deficits), he or she is a candidate for multicomponent behavior therapy (I). The more effective components of behavior therapy appear to be skills training/relapse prevention; rapid smoking, in which patients inhale cigarette smoke every few seconds; and stimulus control strategies (III). Some smokers also appear to benefit from group support (III). Combined behavior therapy and nicotine replacement improves outcome over either treatment alone and is recommended when available and acceptable to the patient (I); however, attending behavior therapy should not be prerequisite to receiving nicotine replacement therapy (I). For the smoker who has failed adequate treatment, as described previously, and who is interested in making another attempt to stop smoking, the psychiatrist should assess the adequacy of prior treatments and evaluate the patient for ongoing or residual alcohol, drug, or psychiatric problems that need treatment (II). If the patient has previously failed an adequate trial of transdermal nicotine and relapse appeared to be withdrawal related, three options are reasonable: a) ad-lib nicotine gum added to transdermal nicotine (II), b) oral or transdermal clonidine (II), or c) nicotine nasal spray (II). If relapse was due to reasons other than withdrawal (e.g., stress), multicomponent behavior therapy should be considered (I). If the patient has previously attended such therapy, more intensive individual behavior therapy (e.g., 1-2 times/week for 2-3 weeks) should be considered (III). Psychiatric and general medical patients who smoke and are on smoke- free wards should receive clear instructions about the no smoking policy, advice to stop smoking, and education about the symptoms and time course of nicotine withdrawal (III). Those patients who wish to use the smoke free ward to initiate a stop smoking attempt may receive the therapies outlined previously (I). Patients who do not wish to stop smoking permanently and who evidence nicotine withdrawal may be instructed in behavioral strategies to decrease withdrawal symptoms (III) and provided nicotine replacement (patch or gum) (II). There is a possibility that smoking cessation might modify psychiatric symptoms (see table 6, page 5) such that it interferes with the diagnosis and treatment of psychiatric disorders (8). Cessation can also dramatically alter blood levels of some psychiatric medications (see table 5, page 5) (8) (II).

BRAND NAME/MANUFACTURER NAME: nicotine polacrilex DRUG DESCRIPTORS:

\*nicotine--drug administration--ad; \*nicotine--drug combination--cb; \* nicotine--drug dose--do; \*nicotine--drug therapy--dt; \*nicotine --pharmacology--pd; \*nicotine--pharmacokinetics--pk; \*nicotine--adverse drug reaction -- ae; \*nicotine -- clinical trial -- ct; \*nicotine gum -- clinical trial--ct; \*nicotine gum--drug dose--do; \*nicotine gum--drug therapy--dt; \* nicotine gum--pharmacokinetics--pk acetic acid derivative; anorexigenic agent--clinical trial--ct; anorexigenic agent--drug therapy--dt; antidepressant agent--clinical trial --ct; antidepressant agent--pharmacology--pd; antidepressant agent--drug therapy--dt; bicarbonate; buspirone--clinical trial--ct; buspirone--drug therapy--dt; buspirone--pharmacology--pd; carbon monoxide; central stimulant agent; cholinergic receptor blocking agent; clonidine -- adverse drug reaction -- ae; clonidine -- drug therapy -- dt; clonidine -- clinical trial --ct; corticotropin; cotinine; lobeline--drug therapy--dt; lobeline --adverse drug reaction--ae; mecamylamine--pharmacology--pd; mecamylamine --drug combination--cb; mecamylamine--clinical trial--ct; mecamylamine

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--drug therapy--dt; naltrexone; psychotropic agent; silver; smokeless
tobacco
MEDICAL DESCRIPTORS:
*drug dependence--diagnosis--di; *drug dependence--drug therapy--dt; *drug
dependence--epidemiology--ep; *drug dependence--therapy--th
alcohol abuse; cancer; cardiovascular disease--diagnosis--di; cigarette
smoking; clinical trial; demography; depression--diagnosis--di; drug
efficacy; human; inhalational drug administration; intranasal drug
administration; lung disease; medical research; oral drug administration;
practice guideline; priority journal; psychiatric diagnosis; psychiatric
treatment; psychopharmacotherapy; psychosocial care; review; schizophrenia
--diagnosis--di; side effect--side effect--si; smoking cessation;
transdermal drug administration; treatment planning; withdrawal syndrome
--side effect--si; withdrawal syndrome--drug therapy--dt
CAS REGISTRY NO.: 54-11-5 (nicotine); 96055-45-7 (nicotine gum); 144-55-8,
    71-52-3 (bicarbonate); 33386-08-2, 36505-84-7 (buspirone); 630-08-0 (
    carbon monoxide); 4205-90-7, 4205-91-8, 57066-25-8 (clonidine);
    11136-52-0, 9002-60-2, 9061-27-2 (corticotropin); 486-56-6 (cotinine);
    134-63-4, 134-64-5, 134-65-6, 90-69-7 (lobeline); 60-40-2, 826-39-1 (
    mecamylamine); 16590-41-3, 16676-29-2 (naltrexone); 7440-22-4 (silver);
    64706-31-6 (smokeless tobacco)
SECTION HEADINGS:
      Public Health, Social Medical and Epidemiology
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- 032 Psychiatry
- 037 Drug Literature Index
- 038 Adverse Reaction Titles
- 040 Drug Dependence, Alcohol Abuse and Alcoholism

# 4/9/2 (Item 1 from file: 73) DIALOG(R)File 73:EMBASE

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06639088 EMBASE No: 1996303908

Practice guideline for the treatment of patients with nicotine dependence Hughes J.R.; Fiester S.; Goldstein M.; Resnick M.; Rock N.; Ziedonis D.; McIntyre J.S.; Charles S.C.; Zarin D.A.; Pincus H.A.; Altshuler K.Z.; Ayres W.H.; Bittker T.; Blinder B.; Clayton P.J.; Cook I.; Dickstein L.; Egger H.; Flamm G.; et al.

American Journal of Psychiatry (AM. J. PSYCHIATRY) (United States) 1996, 153/10 SUPPL. (1-31)

CODEN: AJPSA ISSN: 0002-953X DOCUMENT TYPE: Journal; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

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sodium bicarbonate, and stimulants. Psychiatrists should assess the smoking status of all their patients on a regular basis. If the patient is a smoker, the psychiatrist discusses interest in quitting and gives explicit advice to motivate the patient to stop smoking, including a personalized reason the patient should stop (I). When possible, advice may come from multiple sources in addition to the psychiatrist; e.g., from other physicians, nurses, social workers, etc. (I). Written materials may be used as well as face-to-face interventions (II). Since many psychiatric patients are not ready to quit, the goal of advice will often be to motivate patients to contemplate cessation by reviewing the benefits of quitting, discussing barriers to quitting, and offering support and treatment (III). If the patient is interested in stopping smoking, a quit date should be elicited, treatment prescribed, and follow-up arranged (II). The minimal initial treatment for those who wish to quit includes written materials, brief counseling, and follow-up visit or call 1-3 days after the quit date (II). If the patient has failed serious attempts without formal treatment, failed with nonpharmacological therapies, had serious withdrawal symptoms, or appears highly nicotine dependent, transdermal nicotine is recommended (I). If the patient prefers or if ad-lib dosing is needed, nicotine gum can be used instead of transdermal nicotine (I). If used alone, nicotine gum is to be taken on an every-hour basis (I). If the patient is a highly nicotine-dependent or heavy smoker, higher-dose nicotine gum should be used (I). Nicotine gum can also be used on an ad-lib basis to supplement transdermal nicotine therapy (II). If the patient has had trouble stopping smoking for nonwithdrawal reasons (e.g., due to skills deficits), he or she is a candidate for multicomponent behavior therapy (I). The more effective components of behavior therapy appear to be skills training/relapse prevention; rapid smoking, in which patients inhale cigarette smoke every few seconds; and stimulus control strategies (III). Some smokers also appear to benefit from group support (III). Combined behavior therapy and nicotine replacement improves outcome over either treatment alone and is recommended when available and acceptable to the patient (I); however, attending behavior therapy should not be prerequisite to receiving nicotine replacement therapy (I). For the smoker who has failed adequate treatment, as described previously, and who is interested in making another attempt to stop smoking, the psychiatrist should assess the adequacy of prior treatments and evaluate the patient for ongoing or residual alcohol, drug, or psychiatric problems that need treatment (II). If the patient has previously failed an adequate trial of transdermal nicotine and relapse appeared to be withdrawal related, three options are reasonable: a) ad-lib nicotine gum added to transdermal nicotine (II), b) oral or transdermal clonidine (II), or c) nicotine nasal spray (II). If relapse was due to reasons other than withdrawal (e.g., stress), multicomponent behavior therapy should be considered (I). If the patient has previously attended such therapy, more intensive individual behavior therapy (e.g., 1-2 times/week for 2-3 weeks) should be considered (III). Psychiatric and general medical patients who smoke and are on smoke- free wards should receive clear instructions about the no smoking policy, advice to stop smoking, and education about the symptoms and time course of nicotine withdrawal (III). Those patients who wish to use the smoke free ward to initiate a stop smoking attempt may receive the therapies outlined previously (I). Patients who do not wish to stop smoking permanently and who evidence nicotine withdrawal may be instructed in behavioral strategies to decrease withdrawal symptoms (III) and provided nicotine replacement (patch or gum) (II). There is a possibility that smoking cessation might modify psychiatric symptoms (see table 6, page 5) such that it interferes with the diagnosis and treatment of psychiatric disorders (8). Cessation can also dramatically alter blood levels of some psychiatric medications (see table 5, page 5) (8) (II).

BRAND NAME/MANUFACTURER NAME: nicotine polacrilex DRUG DESCRIPTORS:

\*nicotine--drug administration--ad; \*nicotine--drug combination--cb; \* nicotine--drug dose--do; \*nicotine--drug therapy--dt; \*nicotine--pharmacology--pd; \*nicotine--pharmacokinetics--pk; \*nicotine--adverse

```
drug reaction--ae; *nicotine--clinical trial--ct; *nicotine gum--clinical
trial -- ct; *nicotine gum -- drug dose -- do; *nicotine gum -- drug therapy -- dt; *
nicotine gum--pharmacokinetics--pk
acetic acid derivative; anorexigenic agent--clinical trial--ct;
anorexigenic agent--drug therapy--dt; antidepressant agent--clinical trial
--ct; antidepressant agent--pharmacology--pd; antidepressant agent--drug
therapy--dt; bicarbonate; buspirone--clinical trial--ct; buspirone--drug
therapy--dt; buspirone--pharmacology--pd; carbon monoxide; central
stimulant agent; cholinergic receptor blocking agent; clonidine -- adverse
drug reaction--ae; clonidine--drug therapy--dt; clonidine--clinical trial
--ct; corticotropin; cotinine; lobeline--drug therapy--dt; lobeline
--adverse drug reaction--ae; mecamylamine--pharmacology--pd; mecamylamine
--drug combination--cb; mecamylamine--clinical trial--ct; mecamylamine
--drug therapy--dt; naltrexone; psychotropic agent; silver; smokeless
tobacco
MEDICAL DESCRIPTORS:
*drug dependence--diagnosis--di; *drug dependence--drug therapy--dt; *drug
dependence--epidemiology--ep; *drug dependence--therapy--th
alcohol abuse; cancer; cardiovascular disease--diagnosis--di; cigarette
smoking; clinical trial; demography; depression -- diagnosis -- di; drug
efficacy; human; inhalational drug administration; intranasal drug
administration; lung disease; medical research; oral drug administration;
practice guideline; priority journal; psychiatric diagnosis; psychiatric
treatment; psychopharmacotherapy; psychosocial care; review; schizophrenia
--diagnosis--di; side effect--side effect--si; smoking cessation;
transdermal drug administration; treatment planning; withdrawal syndrome
--side effect--si; withdrawal syndrome--drug therapy--dt
CAS REGISTRY NO.: 54-11-5 (nicotine); 96055-45-7 (nicotine gum); 144-55-8,
    71-52-3 (bicarbonate); 33386-08-2, 36505-84-7 (buspirone); 630-08-0 (
    carbon monoxide); 4205-90-7, 4205-91-8, 57066-25-8 (clonidine);
    11136-52-0, 9002-60-2, 9061-27-2 (corticotropin); 486-56-6 (cotinine);
    134-63-4, 134-64-5, 134-65-6, 90-69-7 (lobeline); 60-40-2, 826-39-1 (
    mecamylamine); 16590-41-3, 16676-29-2 (naltrexone); 7440-22-4 (silver);
    64706-31-6 (smokeless tobacco)
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